The Lived Experience in the Clinical Setting of Nursing Students With Disabilities

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Abstract

AIM This qualitative study utilizes Moustakas's psychological phenomenology to explore the lived experiences in the clinical setting of nursing students with disabilities.

BACKGROUND Overall, the numbers of college students with disabilities are increasing, and more students with disabilities are being admitted into nursing programs.

METHOD A purposive sample of 13 junior and senior baccalaureate nursing students with self-declared disabilities from two Northeastern baccalaureate nursing programs were interviewed.

FINDINGS Five main themes and 12 subthemes emerged from the data. The main themes are: masking a disability, revealing a disability, affecting clinical experiences, overcoming challenges in clinical, and sharing experiences with others. The findings include: missing out on clinical experiences, limiting clinical performance, and developing strategies to adapt to a disability. Discrimination was found to exist for nursing students with disabilities who realized that they were now responsible for managing their disabilities

CONCLUSION Recommendations are offered for faculty orientation programs and disability services offices.

KEY WORDS Clinical Experience – Disability – Nursing Education – Nursing Students

With the implementation of Section 504 of the Rehabilitation Act in 1973, the American with Disabilities Act (ADA) in 1990, and the ADA Amendments Act in 2008, more students with disabilities are being admitted into universities. In the two decades between 1980 and 2000, the number of students on college campuses self-reporting a disability tripled, with 1 in 11 self-identifying as having a disability (American Council on Education, 2000). The National Center for Education Statistics reported that in the year 2007–2008, 10.8 percent of college students reported having a disability (U.S. Department of Education, National Center for Education Statistics, 2011).

Many types of disabilities are represented in the college population, with many representing disabilities that are not always discernable, for example, learning difficulties, mental health issues, and chronic illness. In a report by Raue and Lewis (2011), one third of the reported disabilities of college students were learning disabilities (31 percent). Other significant disabilities reported were attention-deficit disorder/attention-deficit hyperactivity disorder (ADD/ADHD; 18 percent), mental illness/psychological/psychiatric disorders (15 percent), and health impairment/chronic condition (11 percent). Additional disabilities reported included mobility limitation/orthopedic impairment (7 percent), difficulty in hearing (4 percent), cognitive difficulties (3 percent), difficulty in seeing (3 percent), traumatic brain injury (2 percent), autism spectrum disorder (2 percent), and difficulty in speaking (1 percent).

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Nurse faculty have anecdotally reported a significant increase in the number of students with disabilities in nursing programs (Ashcroft et al., 2008; Carroll, 2004; Kolanko, 2003). However, there is a paucity of recent research on the types of disabilities that afflict nursing students. Overall, the research found that students with learning disabilities and mental health problems (Persaud & Leedom, 2002; Sowers & Smith, 2004) were the most common. Other common disabilities were auditory (Sowers & Smith, 2004), vision loss (Sowers & Smith, 2004), and mobility impairments (Persaud & Leedom, 2002).

In nursing programs, faculty may receive notification that students need additional time for tests in the classroom but are not privy to the student's specific type of disability. When the student progresses to upper-level nursing courses that include experiential learning, disabilities that are more physical in nature may become more of a concern. Also, faculty may be unaware of hidden disabilities, such as chronic illnesses or learning disabilities, when students choose not to disclose their disability. Unlike in primary education, college students, not their parents, are responsible for disclosure and seeking accommodations.

Nursing students who have disabilities may have unique experience in nursing programs as compared to students without disabilities. They may also have challenges to overcome, particularly in the clinical learning environment. Therefore, the purpose of this study was to describe the lived experience in the clinical setting of nursing students with disabilities.

METHOD

A qualitative, psychological, phenomenological research study was conducted (Moustakas, 1994). Phenomenology seeks to illustrate the true meaning of an experience and describe it vividly so that others may understand what it is like to have that experience.

Sample and Setting

Participants were a purposive sample (n = 13) of junior and senior prelicensure baccalaureate nursing students over the age of

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18 years who had self-declared some type of disability. Disability was defined in this study as "a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment" (US Department of Justice, 2011, section 12102). All participants reported being clinically diagnosed with a disability and receiving treatment, but no documentation was required.

All participants were currently enrolled in a clinical nursing course at the time of data collection. The sample size yielded data saturation (Grove, Burns, & Gray, 2013). The mean age of the participants was 25 (range, 20 to 42). All participants were female, and most were Caucasian (n = 11). The participants included 11 second-semester juniors and 2 seniors. Most were single (n = 11) and employed (n = 8). The participants listed a large variety of disabilities (see Table 1 for pseudonyms of participants with the reported disability).

Procedure

Institutional review board approvals were obtained from the researcher's doctoral program and two additional universities. A letter was sent to two universities describing the study and requesting permission to present the research proposal during junior-level and senior-level clinical courses. The researcher explained during these classes that the definition of disability included physical, sensory, mental, and chronic illnesses and learning disabilities; she used the word *challenges* and named several disabilities, including ADHD, diabetes, and anxiety. For the purpose of confidentiality, a written letter was provided to the students with the researcher's email contact information so that they could contact her if they wished to participate in the study.

Students were given a $10 gift card as a token of appreciation at the completion of the interview. Students were asked to choose a pseudonym for confidentiality purposes.

Table 1: Identification of Participants

Age	Pseudonym	Disability
20	Kristin	Anxiety
37	Nicole	Anxiety, depression
26	Kate	Attention-deficit disorder, anxiety
21	Rebecca	Anxiety, depression, panic disorder
21	Maria	Anxiety, depression, panic attacks
20	Courtney	Eczema, latex sensitivity, allergies
42	Beth	Brain injury, attention-deficit disorder, short-term memory loss, postconcussive syndrome
28	Elyse	Attention-deficit hyperactivity disorder, premenstrual dysphoric disorder, hypothyroidism, Hashimotos, polycystic ovarian syndrome, undifferentiated connective tissue disorder
21	Ann	Anxiety
21	Sally	Anxiety, depression, bulimia
20	Leila	Colitis, lactose intolerance, irritable bowel syndrome, esophagitis
21	Angela	Anxiety, panic attacks, irritable bowel syndrome
29	Amanda	Breast cancer, bilateral mastectomy, chemotherapy, radiation, cardiomyopathy, postural orthostatic tachycardia syndrome, skin cancer

Interviews

Participants signed a consent form and had the opportunity to ask questions of the researcher before participating in the study. They were given a copy of the interview guide prior to the interview. A demographic data form was also distributed. One-on-one interviews were conducted in a mutually agreed on place and lasted approximately one hour. Interviews were audiorecorded.

RESULTS

The Moustakas (1994) method was used to analyze the data. The interviews were analyzed for similar data or themes. In vivo coding of raw data grouped the findings into like categories. Five themes and 12 subthemes emerged (Table 2).

Masking a Disability

Leila described her reluctance to disclose her disabilities: "I didn't really see, in the beginning, how much of an effect it had on me." Elyse stated: "I don't want any special attention. I don't want any special privileges. I don't feel like I want to be labeled." Kristen agreed: "I feel like I don't wanna have that title over me. Oh, she's anxiety girl."

Beth feared revealing her disability at her new school: "So, when I came here I was petrified that if I revealed that I had a disability that it would open up even the smallest door or window that someone else could perpetrate the same thing and I didn't want that to be a possibility. I felt like the only way to remain empowered was to quietly be doing everything I need to do without those accommodations."

Revealing a Disability

Participants chose to disclose their disability in one of two ways. Some disclosed their disability openly and willingly; others found themselves in a situation where there was no choice.

VOLUNTARY DISCLOSURE With encouragement from her parents, Kate was very open about revealing her disability. After an earlier experience in a nursing program, when she had not sought accommodations and failed out of the program, Kate said her parents would not let her go to college without disclosure: "They knew, with my ADD, I needed the extra time and the extra attention. So I used that all through nursing school when I was there." Kate was very proactive about her disability and willingly shared information about it with others; she stressed the importance of seeking accommodation during college.

Some students were hesitant about revealing their disability. They did not want to feel different from others or feared discrimination. Amanda sought out her instructor: "I went to her and said, 'Hypothetically, if someone were diagnosed with cancer in school, would they have to drop out or could they keep going?'

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Table 2: Themes and Subthemes Emerging From the Data

Themes	Subthemes
Masking a disability	
Revealing a disability	Voluntarily disclosing a disability
	Being forced to disclose a disability
Affecting clinical experiences	Missing out on opportunities
	Limiting clinical performance
	Feeling discriminated against
	Influencing specialty choice
Overcoming challenges in clinical	Developing strategies to adapt to disability
	Persevering against all odds
	Feeling supported
Sharing experiences with others	Connecting with patients with disabilities
	Advising clinical instructors about working with students with disabilities
	Advising other students about practicing nursing with disability

And I think she knew then that something was going on, but I never really told her and then I emailed them over the summer after I was doing better from my surgeries and said, 'I'm coming back, but I will have some restrictions, like I can't see certain patients in clinical. Can we accommodate this? What do I need to do?'"

Courtney revealed her disability, eczema, to her clinical instructor. She needed to avoid patients whose conditions required her to wear gloves frequently. "I'll let my clinical teacher know so that maybe I won't be assigned to a person where I have to keep putting gloves on constantly, or if it's more infectious, that's gonna be transmitted easily — I'll ask to not be."

FORCED DISCLOSURE Leila had no choice but to reveal her irritable bowel syndrome (IBS). "So, we're listening to the nurses give report, and all of a sudden I'm getting faint. I'm getting pale, and I'm just sweating, and all the sudden I have to step out, and I didn't fall pass out, but I passed out on the chair."

Angela had to disclose her IBS because the students and the instructor noticed that she was in and out of the bathroom. She did not want them to think she was not working and stated: "The only reason I would ever share the stomach thing — I shared it with two of them, because I was having — I go in bad spurts. One was in my geriatrics clinical, so I was in and out of the bathroom a lot, and I didn't want to seem like I wasn't doing my work. So I did pull her to the side and just let her know I was having a bad day, which she was totally fine about. And they helped me if I needed to leave."

Courtney reported that patients asked her about her eczema on her hands. "They ask if it's poison ivy or if it's contagious if they don't know what it is. I have to explain it." Rebecca was forced to disclose her disability because of her absences from clinical. "I had missed two, and one was because I was having like heart palpitations from the medication they'd just put me on…. And then another time, I mean, I was just sick, but the anxiety kicks in."

Affecting Clinical Experiences

MISSING OUT ON OPPORTUNITIES Like Amanda, some participants stated that their disabilities prevented them from caring for certain types of patients. Amanda shared: "So that was kind of heartbreaking for me, because I want to do peds." Because of her cancer, however, Amanda would be at risk for infection. "There were a lot of patients with RSV [respiratory syncytial virus] and I really wanted to see sickle cell. Like I was so anxious to see that and my instructor wouldn't let me go in, because they carry a parvo virus."

Sometimes the fatigue triggered by Amanda's illness also caused her to miss out on learning opportunities: "The only time I really had a hard time was in my peds rotation, when I was in the cath lab and I was really exhausted and I had to wear 70 pounds of lead and I couldn't sit down…. I was observation that day, so I can't say that it affected the patient, but it definitely affected my learning, and because I was so tired and just focusing on don't pass out, don't pass out…. But I wasn't watching the entire time — I was watching, but I wasn't actively watching."

Kristen also felt that she missed out on a learning experience on an emergency department observation day. She described how her panic attacks affected her clinical performance: "It starts to build up and — it may not take over. I've never had a panic attack while at clinical, but it definitely — I've had moments where — like my past clinical for pediatrics, she was sending people to the ER weekly to just get a feel for the ER, and I never went because I knew that it would just be too much on me. So I chose to go to oncology instead or I went to the PACU and I went to see a GI surgery. So there were different things that I did…. Just because I know it's fast paced and I didn't know what would be thrown at me, and that's what I don't like. I wasn't sure how I would react if I had something crazy happen."

LIMITING CLINICAL PERFORMANCE Participants felt that anxiety affected them in the clinical setting. Elyse shared how her anxiety affected her testing performance in clinical when she had to take a medication calculations test under less than ideal circumstances: "So there was 16 of us sitting at a big conference table. And I've never had an issue taking a test before until that day, and I failed it. I was so distraught, because people finished, and then they started talking. And it was distracting enough for me to be at that table with that many people."

Ann also explained how her anxiety affected her performance and ultimately her grade in the course. She felt that having anxiety limited her initiative: "I think part of the grade is, you know, showing initiative and kind of taking a challenge and I mean, for me, I would rather see someone else do it first before doing it myself."

FEELING DISCRIMINATED AGAINST Beth, who had a history of traumatic brain injury, told about the discrimination she experienced that caused her to fail her first nursing program. She was passing the didactic portion of her studies but had difficulty with her clinical instructor "who felt that because I was using ADA accommodations in

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the classroom, that it was appropriate to fail me clinically because a disabled nurse should not be a nurse." Beth had declared her disability to the disability department, but the instructor issued a threat, stating that if Beth continued to report conflicts with ADA accommodations, she would fail the course. Beth stated: "Because I was excelling in the classroom she thought that I was being given an unfair advantage instead of understanding that I was an excellent student before the accident." Written up twice in that rotation, Beth failed the course and ultimately the nursing program.

Participants felt that there was a difference between how a mental illness was viewed compared to a physical disability. Sally stated: "I also look at it like it's a mental illness, and I know that it's still an illness and it needs to be treated like one, but to me, a physical illness is so much different than a mental illness. It's just something that puts people off.… People are like, 'Well, why don't you just eat?' You don't understand how hard it is for me to just eat."

INFLUENCING SPECIALTY CHOICE Participants were drawn to nursing specialties that were like their own disabilities. Elyse explained that she was drawn to women's health because of her own personal women's health issues: "I always had an interest in that area, plus now I have all these things, too — the PCOS [polycystic ovary syndrome] and all that." Rebecca was drawn to the mental health specialty because of her disability: "I just feel a lot more connected because you have a reason to talk in mental health."

Participants were concerned that their disabilities might affect their care of patients. Leila realized that she might have to leave a patient's bedside to use the bathroom unless she could get her condition under control with medication: "Am I gonna call off because I'm going to the bathroom every few minutes? Am I gonna be able to treat my patients for — or give them enough attention throughout the day? Am I gonna be reliable, and am I going to get nervous if I'm in the ICU or something like that? Will that have an impact on the colitis.… I think you get a little nervous in every area, whether it's just giving the right medication, the right time, little things like that, whether you're in geriatrics where it's a little slower as opposed to an ICU. But, I think if I don't have it under control, then the nerves will affect — every little nerve will affect everything, so yes, I think it would impact as of now."

Kate recognized the potential future difficulties of having ADD and functioning as a nurse: "Sometimes I feel like I get nervous when I — 'cause sometimes I even question myself. Is that gonna be a good fit for me with my ADD, because I am kind of like over — like I have problems focusing on certain things."

Marie, who currently worked in a nursing home, felt that she would be more comfortable in that familiar environment because of her disability: "I feel like I'm too anxious thinking about going into a hospital, because I've never actually worked in a hospital, only in nursing homes."

Courtney reflected on how her eczema could affect her specialty choice: "Obviously, hygiene is gonna be everywhere — but somewhere where I don't have to constantly scrub my hands a billion times a day. That would be ideal so my hands don't fall off my body. Yeah, I do like my psych rotation now, so possibly that. I wouldn't have to wash my hands that much. But I like pediatrics, too, so I guess it just really depends. I like the babies, but I don't like that sponge."

Overcoming Challenges in Clinical

ADAPTING TO A DISABILITY Participants needed to prepare ahead of the clinical day to compensate for their limitations. Leila's strategy was to discuss her situation with her clinical partner so that if she felt ill because of her IBS, she could leave a clinical situation gracefully: "We're in the middle of giving someone a bed bath, 'I'm sorry, I have to step out,' or about to give a shot, I'm like, 'I'm sorry, give me a second.… Oh, my gosh, am I gonna have to go right before I give the shot?' …Other times I would just do half of the assessment and then simply make up an excuse or say, 'Okay, I'm gonna go do this. I'll be back in a few minutes to check this,' and so I kind of played it off with those patients."

Sally explained how her bulimia affected her in clinical. "I would figure out times in which I could eat and get sick at clinical…it was such a struggle, because here you are, helping patients, and you're on a break — I run to the bathroom. It was crazy, 'cause we're at a facility, and I could tell you where every bathroom was in that facility and how it flushed and what people were gonna be around, where. It's like an art."

Marie found medication necessary to manage her anxiety. It helped her focus. "Before I started taking medication I couldn't focus on school work. I would be constantly checking my phone. Constantly worrying about other things, other people.… It's about like everything around me." She found it hard to focus in clinical, especially in the mental health rotation, which reminded her of her own disability: "There's a lot of sitting around observing and I can't.… It's harder for me to be there. But if we're moving around helping patients, it is easier."

The classroom was a comfortable environment for Nicole, an older student who had a prior degree in another field. However, clinical was stressful for her as she had never experienced that type of learning before. She found that positive self-talk helped her cope: "And I think there's a fear of judgment too, I mean, because you are being judged. You have someone there saying, yes, you are doing it right.… It's like having a new job every six weeks with a new boss and new computer system and all the equipment works differently and…every time I feel like I'm a little kid or foolish just kind of having to learn something and so I have to remind myself that if someone had to go to a new job every six weeks, that would be rough too."

Another adaption strategy was to seek help for a disability early in the term. Ann stated: "I think I probably would have gone to seek help sooner just to have someone to talk to because I think during clinical hours, I just get so stressed and so anxious about everything that you know, I would kind of come back and just almost, I don't want to say traumatic, but it would be, I would be so tired."

Taking a break from the situation was an effective strategy to manage anxiety for Marie: "I mean there's a lot of times I feel I just need to get out and my excuse is like the bathroom. I'll go in a room and take a drink, like where we can leave our bags or something like that." Marie, however, worried that her actions would be misinterpreted: "At the same time I feel like guilty that I'm like hiding. But at the same time I just need that."

PERSEVERING AGAINST ALL ODDS Amanda described her motivation to succeed despite having chemotherapy and radiation treatments for breast cancer: "I felt like I had something to prove too, that I could do it. I really just didn't want to stop. I didn't want cancer to win and take me out of the things that I want to do in my life, so I had to make it work. Will brings you a long way. I came sick, throwing up. I came probably neutropenic and shouldn't have been there."

Amanda described specific challenges having to do with her clinical experiences: "Our clinicals were 12 hours. So they were — they were tougher. Because then you come home and I mean I have two kids, so it wasn't — I mean you don't get time off as a mom. Your

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kids don't care if you're sick. You still have to make lunches and make dinner and — they are five and two. I just think not giving up is the biggest thing, believing in yourself, finding that one thing that will help you to push through it. I mean some people have a strong faith and that's what pushes them through. I'm a spiritual person, but I'm not extremely religious at this point in my life."

Leila persevered despite her disability and had words of encouragement for others: "To someone who has a disability, hang in there. If it's what you wanna do, do it, and find every way around that works for you that makes you be who you want to be, for sure."

Kate explained how she was motivated to graduate from nursing school and did not want her diagnosis of ADD to control her life. A negative comment from a former teacher spurred her to succeed: "Like my high school math teacher told me that I was never gonna be a nurse because of my ADD and you were just all over the place. And she said, 'You're not gonna make it in nursing school.'" Kate stated, "I will friend her on Facebook, and she's gonna see that I'm a nurse and I've proved her wrong."

FEELING SUPPORTED Amanda relied heavily on the support of one particular instructor throughout her chemotherapy and radiation treatments: "I had a go-to instructor that any time I knew that something was wrong, if I just felt off or I felt like I maybe needed somebody else to check me out, I would always go to her in confidence, she would take my blood pressure, look at my pulse — mostly send me to the ER."

Rebecca told how Amanda, despite having breast cancer, served as her support person in the nursing program. Both women were on the same medication but for different reasons: "We used to carpool…all the way to the hospital so…to talk to someone that understood was very helpful and also…to connect with someone [who] can't control their medical condition and their being sick whereas I couldn't control my mental health condition." Amanda was an inspiration for Rebecca: "I think you could probably ask everyone in our class about her because to see her like having cancer and seeing what she's going through and for her to come to class and for her to not feel good, it just kind of gives incentive I think for everybody."

Sharing Experiences With Others

CONNECTING WITH PATIENTS WITH DISABILITIES Beth found, when conducting admission assessments in a veteran's hospital, that she could connect with patients who had similar traumatic brain injuries. She found that, by sharing her own experiences, she could make patients feel more comfortable. "Patients would say, 'Can you say that again because I don't understand? I don't remember what you were saying,' or 'You're probably going to have to tell me this every day.' …I try and be careful to make sure it's appropriate though because if it was ever in an instance where it could burden the person to know your private information then I would not share."

ADVISING CLINICAL INSTRUCTORS ABOUT WORKING WITH STUDENTS WITH DISABILITIES Leila felt that the instructor should be open in the beginning of clinical. She believed the instructor should say: "If anybody has anything to share, I'm open…something along those lines."

Beth felt that instructors should get to know their students, that it was important to educate themselves about the students' disabilities: "Show no judgment, no judgment whatsoever. Let that person know that you're there to support them; you're there to help them. Find out from that person what it is they feel like they need."

Ann found that she was more successful in clinical if she felt comfortable. "The majority of stress that I experience in clinical is a fear of failure, kind of doing something wrong, messing things up. And if you think about it, I mean, if you are giving a med or something like that and you mess it up, obviously a lot can go wrong, so it's kind of just helping them ease into it and gain familiarity and I think for me that's kind of where the stress begins to go away."

Participants felt that it was important for instructors to introduce themselves and share personal experiences with the students. Rebecca explained: "She could've maybe told us a little bit more about herself, maybe where she went to school, maybe why she got into the profession that she's in." She also suggested that the instructor should have students email her about having disabilities to protect their privacy.

ADVISING OTHER STUDENTS WITH DISABILITIES ABOUT PRACTICING NURSING WITH A DISABILITY Sally had advice for other students: "I would have to say they should not make the same mistake I did and — even though it's impossible — to tell someone and to really try to get help, because it's just something that you don't wanna continually struggle with, 'cause it's gonna lead to much, much worse things. It's gonna make everything decline with school — at least for me — as it gets serious."

Angela described how helpful it was to discover another student who had the same diagnosis: "I just happened to get out my Imodium, 'cause I needed it, and she's like, 'Oh my God. You carry around Imodium too.'" Beth encouraged others to know about their own disability: "Absolutely do everything in your power to learn everything about what your limitations are but more importantly learn about what you can do to minimize those limitations if at all possible."

DISCUSSION

Trustworthiness

Trustworthiness of the data is achieved when the criteria of credibility, transferability, dependability, and confirmability are met (Lincoln & Guba, 1985). Credibility was met in this study as the researcher conducted interviews for as long as necessary, displayed empathy, and was open to descriptions of the lived experience of the students with disabilities.

In addition, member checks were conducted by emailing the transcriptions of the interview questions to the participants. Six of the 13 participants responded to the email, and all agreed that the themes were accurate. The criterion of transferability was met as a rich, thick description of the themes of the data was provided by including several examples of comments for each theme and by the description of the sample. Dependability and confirmability were established by a review of the audit trail by experts in nursing, disabilities, and qualitative methodology.

Limitations

The sample in the current study does not reflect the types of nursing students with disabilities reported by Sowers and Smith (2004). According to their research, most disabilities in nursing students were learning disabilities followed by mental health, physical, ADD/ADHD, hearing, and vision loss disabilities. This study did have a significant number of students with mental health issues (depression or anxiety).

This study was conducted at two schools of nursing in Pennsylvania and may only be generalizable to students with like characteristics in like circumstances. Other limitations had to do with recruitment and disclosure. This researcher found that it was difficult to recruit

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a diverse sample for this study, as most nursing students are female and non-Caucasians. It was also difficult to recruit seniors, as the interviews were conducted more than halfway through the spring semester.

This research relied on the recruitment of students with disabilities. During the initial recruitment presentation, the researcher used the word *challenges* instead of *disabilities* as was stated in the recruitment letter. Many people with disabilities do not identify as having a disability, and the language used during the recruitment process may have affected the composition of participants. Students may have not wanted to reveal their disability to an outsider.

The researcher shared her personal history of having a husband with a disability with students, but that may not have made an impact on students' desire to participate. The researcher's disclosure could have influenced participation by students who wanted to gain a relationship with the researcher. Although the setting for interviews was mutually agreed on with students, students who had not revealed their disability to others may have been concerned about having other students or faculty see them interview with the researcher.

IMPLICATIONS FOR NURSING EDUCATION

The clinical experiences of nursing students with disabilities, especially students with chronic illnesses and mental health issues, were explored in detail for the first time in this study. Discrimination was found to exist for these nursing students. The knowledge gained from this research can be used to expand the use of the cultural model by emphasizing that people with disabilities are a minority and are part of a cultural group.

Education about cultural diversity that includes the topic of disabilities should be part of the nursing curricula. It is important to understand all cultures that are represented in a clinical group or classroom when educating nursing students. A learning environment that is respectful and sensitive to all cultures is essential.

The perceptions of the participants in this study were egocentric. They did not express concern for patient safety and well-being in any of their discussions. The clinical instructor has the obligation to assess the capabilities of all students and determine whether or not they can provide safe care for their patients.

Nursing students with disabilities also need a clear understanding of their rights and capability of managing their disability. They need to be aware of what constitutes reasonable accommodation in the classroom and clinical settings and how to adapt to their disability if necessary. This discussion should take place prior to the year students begin their clinical experiences. It is recommended that college admissions departments become more aware of the essential functions of the nursing profession and help educate students when they are first accepted into a nursing program. Students then would have a better understanding of their capability to be successful in a nursing program.

Those offering disability services at colleges and universities can benefit from this research. With an understanding of the challenges nursing students face in the clinical setting, it is hoped that they can help students prepare for those challenges and request appropriate accommodations for all clinical experiences. Other disciplines that use experiential learning may also benefit from the findings of this study. As the number of students with disabilities is increasing on university campuses and as the nursing population is aging, with greater potential for developing disabilities, disability in nursing is a relevant and timely topic for future research.

REFERENCES

American Council on Education. (2000). More college freshman report disabilities, new ACE study shows. *Higher Education and National Affairs, 49*, 2.

Ashcroft, T. J., Chernomas, W. M., Davis, P. L., Dean, R. A., Sequire, M., Shapiro, C. R., & Swiderski, L. M. (2008). Nursing students with disabilities: One faculty's journey. *International Journal of Nursing Education Scholarship*, *5*, 1-15. doi:10.2202/1548-923x.1424

Carroll, S. M. (2004). Inclusion of people with physical disabilities in nursing education. *Journal of Nursing Education*, *43*, 207-212.

Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Saunders.

Kolanko, K. M. (2003). A collective case study of nursing students with learning disabilities. *Nursing Education Perspectives*, *24*, 251-256.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Persaud, D., & Leedom, C. L. (2002). The Americans with Disabilities Act: Effect on student admission and retention practices in California nursing schools. *Journal of Nursing Education*, *41*, 349-352.

Raue, K., & Lewis, L. (2011). *Students with disabilities at degree-granting postsecondary institutions: First look*. Washington, DC: US Department of Education, National Center for Education Statistics. Retrieved from http://nces.ed.gov/pubs2011/2011018.pdf

Sowers, J. A., & Smith, M. R. (2004). Nursing faculty members' perceptions, knowledge, and concerns about students with disabilities. *Journal of Nursing Education*, *43*, 213-218.

US Department of Education, National Center for Education Statistics. (2011). *Digest of education statistics, 2010 (2011-015)* (Chapter 3). Retrieved from www.nces.ed.gov/fastfacts

US Department of Justice. (2011). *ADA home page*. Retrieved from www.ada.gov

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